II. Listing of Claims

This listing of claims will replace all prior versions, and listings, of claims in the application:

1-24. (Canceled)

25. (Previously Presented) A method for inserting a prosthetic device into an intervertebral space from a transforaminal approach, comprising:

providing a prosthetic device having a first component and a first curved flange extending along a surface of the first component, and a second component and a second curved flange extending along a surface of the second component; and

inserting a portion of the first curved flange into a first vertebra at a starting position and advancing the first curved flange through a curved path in the first vertebra from the starting position to a final position; and

inserting the second component to a position adjacent the first component, whereby the first component engages the second component to provide articulating motion therebetween.

- 26. (Original) The method of claim 25 wherein the first and second flanges engage and penetrate the first and second vertebra, respectively, during insertion.
- 27. (Original) The method of claim 25 wherein the first and second flanges are inserted into preformed openings of the first and second vertebra, respectively, during insertion.
- 28. (Original) The method of claim 25 wherein insertion of the first and second components into the first and second vertebrae, respectively, is accomplished at substantially the same time.

29-34. (Canceled)

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35. (Previously Presented) A method of spinal stabilization, comprising:

providing a spinal implant device having a first articular component and a second articular component, at least one of the first and second articular components having a keel curved along its length for engagement with a vertebral member;

cooperatively assembling the first and second articular components such that the first and the second articular components can pivot and rotate relative to one another in a spinal motion preserving manner;

preparing a transforaminal opening in an endplate of at least one of a pair of adjacent vertebral members, the transforaminal opening curved along its length to substantially match a curve of the keel; and

positioning the assembled spinal implant device in a disc space between adjacent vertebral members from a transforaminal approach to the disc space such that the keel of at least one of the first and second articular components engages the transforaminal opening.

- 36. (Previously Presented) The method of claim 35 further comprising removing a disc occupying the disc space.
- 37. (Previously Presented) The method of claim 36 wherein the preparing the transforaminal opening includes positioning a milling guide having a curved opening adjacent the vertebral member and milling the disc with a milling bit that is translated along the curved opening.
- 38. (Previously Presented) The method of claim 36 wherein the positioning includes sliding a portion of the assembled spinal implant into the transforaminal opening.
- 39. (Previously Presented) The method of claim 35 wherein the assembling includes forming a ball and socket union between the first and the second articular components.

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40. (Previously Presented) A method of spinal stabilization, comprising: providing a spinal implant device having a first articular component and a second articular component;

cooperatively assembling the first and second articular components such that the first and the second articular components can pivot and rotate relative to one another in a spinal motion preserving manner;

positioning the assembled spinal implant device in a disc space between adjacent vertebral members from a transforaminal approach to the disc space; and

clearing the disc space prior to insertion of the assembled spinal implant device, wherein clearing includes opening a neuroforamen adjacent a disc situated in the disc space followed by a posterior trans-pedicle distraction.

41. (Canceled)

42. (Previously Presented) A method stabilizing a vertebral joint, comprising:
accessing a vertebral joint;
opening the neuroforamen on one side of the vertebral joint;
removing disc material adjacent the opened neuroforamen; and
inserting a motion preserving implant into a disc space previously occupied by the
disc material; and

- performing a trans-pedicle distraction after opening of the neuroforamen.
- 43. (Previously Presented) The method of claim 42 wherein the removing includes at least one of chiseling and milling the disc material.
- 44. (Previously Presented) The method of claim 43 wherein the removing includes milling the disc material, wherein milling includes positioning a milling guide having a curved

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opening adjacent the vertebral member and milling the disc material with a milling bit that is translated along the curved opening.

45. (Previously Presented) The method of claim 44 wherein opening includes cutting a transforaminal slot in the neuroforamen and wherein inserting includes lodging a portion of the disc implant in the transforaminal slot.